

UNITED STATES BANKRUPTCY COURT
DISTRICT OF RHODE ISLAND

REQUEST FOR CM/ECF TRAINING

Name: _____ Firm: _____

E:Mail Address: _____ Phone: _____

Address: _____

The Court offers two different training classes depending on the type of party you usually represent in bankruptcy. Please indicate which training class you are interested in taking.

_____ Debtor Class

_____ Creditor Class

How many support staff will you bring to training? _____ (any staff who will work on the system should attend.)

Name: _____

Have you completed and attached form A *Registration Form*? _____

Have you completed and attached the *Prerequisite Form*? _____

Training runs 4 hours; 9:00 am to 1:00 pm OR 1:00 pm to 5:00 pm.

Would you prefer am or pm? _____

Any day of the week you're not available? _____

Which day of the week is BEST for you? _____

Training will begin in November, 2003. The dates of training will be scheduled on a first come basis, taking into consideration participant availability. We will contact you once your training date is scheduled. If you are unable to attend your scheduled date, please call Kristen Batty @ (401) 528-4477 x 33 to reschedule.